U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 88/0	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name SEAN A BRENNAN	Name GENERAL BUILDING LABORERS' LOCAL UNION #66 Labor Organization File Number 026-302		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1600 WHIT WHITMAN RD	Street 1600 WHIT WHITMAN RS.		
City NELVILLE	City MBLVILLE		
State NEW YORK ZIP Code + 4 11747	State Now YORK ZIP Code + 4 11747		
5. Position in labor organization. AUDITE	OR (OFFICER)		
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	sions set forth in the instructions):		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City :			
State ZIP Code + 4			
Signa	iture		
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyiundersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
Signed Jan Agennoen	On 8/11/05 431-454-2330 Date Telephone Number		

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name	reg :	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City:		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business strively seeking to represent, or andirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name CENERAL BUILDING LABORERS LOCATE LIBIDIN No. 666 TRAINING FUND Trade Name, if any P.O. Box, Bldg., Room No., if any Street 16000 WHAT WHITHING PA	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	COMPENSATION AS TRAINING DIRECTOR
	12 b. Amount. 110459.84
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Sireel	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	tively seeking to represent, or idirectly to, or otherwise
8 Name and address of Business (including trade name, if any).	9. Business deals with:
Name GENERAL BUILDING LABORERS LOCAL LINION No. 666 TRAINING FUND Trade Name, if any P.O. Box, Bldg., Room No., if any Street 16000 LUHAT LINIONAL PA City NEEVILLE State NEW YORK ZIP Code + 4 11747	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	AS TRAINING DIRECTOR- HITENSES OUT OF TOWN CONFERENCE & TRUSTEE MEETING - LOSGING MEALS
	12.b. Amount. 1775.69
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No , if any	
Sireet	

14.b. Amount of payment.

13.b. Is the Business an Employer

City

Name of Person Filing SEAN BRENUTIN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name REOLETS INTERNATIONAL UNION OF NOETH AMERICA TRI FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 International Street Now City Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any Street	parameter and the contract of
City	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	AS TEAMING SILECTOR ATTEMBED CONFERENCE RECEPTION - MEAL 12.b. Amount. \$\frac{1}{3}5.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name GENERAL BUILDING LABORERS LOCAL UNION NO. 66 TRAINING FUND a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 1600 WHIT WHITHING PA MEZVILLE State NEW YORK ZIP Code + 4 /1747 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. AS TRAINING DIRECTOR State ATTENDED OUT OF TOWN CONFERENCE & TRUSTEE MEETING 12.b, Amount, C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name . Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State

14.b. Amount of payment

13.b Is the Business an Employer

or Consultant

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	ively seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name, if any).	9. Business deals with:
Name GENERAL BUILDING LABORERS' LOCAL LINIDA No. Lob TRAINING FUND Trade Name, if any P.O. Box, Bldg. Room No., if any Street 16000 LUHAT MANTAL RA City MEZWILLE State NEW YORK ZIP Code + 4 11747	a Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. AS TEHINING DIEGRAPH COORDINATOR ATTENDED OUT OF TOWN APPRENTICE SHIP MEETING— TRAVEL, LODGING, MEMS 12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Sireet	
City	

14.b. Amount of payment.

13 b. Is the Business an Employer

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Name of Person Filing SEHN BREWNAN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	;
8. Name and address of Business (including trade name, if any). Name BENDETL BOWNING LABOURS DOME LINE FORD Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1600 WHIT WINDERD RB City MEDULE State Now York ZIP Code + 4 11747	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	of rush dealing
City	12.a. Nature of interest held	Suppose State that the control of th
State ZIP Code + 4	ASTENDED	METIL
	12.b. Amount.	58.33
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		The state of the s
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
City		
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13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

Name of Person Filing SETTU BREN	UNIFN	File Number U-	
B. Held an interest in or derived income or economic benefit with mone substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents o (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	or otherwise dealing with the to r is actively seeking to repres ly or indirectly to, or otherwise	ousiness ent, or	
8. Name and address of Business (including trade name, if any). Name GRATIER NEW YORK SHADREDS— EMPLOYEES GOOPERATION & EDUCATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 266 WEST 37TH STREET City New YORK State New YORK ZIP Code + 4 1001	b. Trust c. Employe	rganization	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of suc	h dealing.	CONTRACTOR OF THE PROPERTY OF
Name Trade Name, if any:			The state of the s
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P.O. Box, Bldg., Room No., if any	Name to a parameter of a parameter o	oproper were allow our polestic collapsion depart (speciment consciputors of exercise).	epopolos (g. e. e. gamagoga errora arrentaga para tou con en en en entende ne
Street	11.b. Approximate dol	lar value of such dealing.	The state of the s
City	12.a. Nature of interes	est held or income received	
State ZIP Code + 4	As TEN	ANNA DE BED A 20. MEAL	ECTOR - NCHEON -
	12.b. Amount.		35.00
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of resultant and address of Employer or Labor Relations Consultant (including trade name, if any).	d under parts A and B abov money or other thing of value		
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Name	**************************************		
Namo			
Name			
Trade Name, if any:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.b. Amount of payrr	nent.	

File Number U-

Name of Person Filing SEAN DRENNAN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	S
8 Name and address of Business (including trade name, if any). Name CENERAL BUILDING ARBORERS LOCATA LINION No. 6th TRAINING FUND Trade Name, if any P.O. Box, Bldg, Room No., if any Street 1600 WHAT WHATHER PA City NETVILLE State NEW YORK ZIP Code + 4 11747	9. Business deals with: a Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing 11.b. Approximate dollar value 12.a. Nature of interest held AS TEA APPRENTICA INSTRUCTOR TRAINING TO	e of such dealing. or income received. FMINE DESTOR ESHIP LEORDINATOR C-ATTENDED OUT OF TOWN
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P O Box, Bldg, Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment,	
13.b. Is the Business an Employer or Consultant ?	14,b. Amount of payment.	

Name of Person Filing SEHN SLEWNAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name NEW JESSEY HBOLESS-EMPLOYERS COCKERSTION HIND EDUCATION TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 301 Street 104 NIESCHANGE PAZA City NOUROE TOUNSHIP	9. Business deals with: a. Labor Organization b. Trust c. Employer
State New Jelsey ZIP Code + 4 08831	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. AS TEAMNING DIESCORTOR— ASTENDED OUT OF TOWN LONFEDENCE — MEAL 12.b. Amount.
C. Received from any employer (other than an employer covered under	Van Man dielle Constitution of the Constitutio
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing SEHN BRENNAL		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name LIBBLES - HALL LAURITION HUND TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3 / Setterial Ro. City Pomplet Lewith State Connections ZIP Code + 4 Old 59	9. Business deals with: a. Labor Organizatio b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	attionationa hallationa e e en augmentationame e electrica non monard disease des minus au minere describer de color de espec
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	FLOGRAM -	F TOWN TRAINING - NEALS \$60.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
City		1

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Name of Person Filing SEAN BLENWAN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8 Name and address of Business (including trade name, if any). Name GENERAL BUILDING HOUSE LOCAL LINDU NO. See TEXANING FUND Trade Name, if any.	9. Business deals with: a. Labor Organizatio	in
P.O. Box, Bldg., Room No., if any Street 16,00 WHIT WHITHAN PA City NELVILLE	c. Employer	
State New YORK ZIP Code + 4 /1747		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value o	of such dealing.
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		OUT OF TOWN E- LODGING, MEALS
	12.b. Amount.	\$ 502.36
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		:
P.O. Box, Bldg , Room No., if any		:
Street City:		
State 7IP Code + 4		

13.b. Is the Business an Employer

or Consultant

Name of Person Filing SEAN DRENWAN		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	3
8 Name and address of Business (including trade name, if any). Name GENERAL BUNDING FRANKING FUNDS Trade Name, if any P.O. Box, Bldg., Room No., if any Street 16000 WHAT WHITMHAD PA City NEEVILLE State NEW FORK ZIP Code + 4 11747	9. Business deals with: a. Labor Organizat b. Trust c. Employer	Ion
10. If 9 b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealin	g.
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C. Received from any employer (other than an employer covered undeer from any labor relations consultant to an employer any payment of money	r parts A and B above)	103/00
3 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any O Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. is the Business an Employer or Consultant 2	14.b. Amount of payment.	, , , , , , , , , , , , , , , , , , ,

Name of Person Filing SEAN BRENNAN		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name GENERAL BULLSING LABORERS LICIAL LINION No. Lee TRAINING FUND Trade Name, if any P.O. Box, Bldg, Room No., if any Street 1600 WHAT WHITHAN RA City MELVILLE State NEW YORK ZIP Code + 4 11747	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	9.	
Name			
Trade Name, if any:		:	
P.O. Box, Bldg Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received. THE TEHINING SIRECTOR! APPLENTICESHIP COORSINATOR—		
State ZIP Code + 4			
	ATTENSED O	OUT OF TOWN STATE	
	APPLENTICES LONGING	SHIP MEETING -	
	12.b. Amount.	\$219.79	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		:	
City			

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Name of Person Filing SEAN BLENNAM	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name GRATTL NEW YORK LARDERS' EMPLOYERS' LOOAFRATION AND EDUCATION ID Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Llolo Lless 3 7 th Street City March YORK State Name YORK ZIP Code + 4 10018	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. HS TEAMUNG DECTOR HITEUSES H DINNER HONORING RETIREE - M.	EHL
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		a ff
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	:

Name of Person Filing SEAN REMUAN	7	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	5
8. Name and address of Business (including trade name, if any). Name GREATER NEW YORK LABORERS'-	9. Business deals with:	
Trade Name, if any: LECET P.O. Box, Bldg., Room No., if any SUITE IIDD Street LIBE WEST 37TH STREET City NEW YORK State NEW YORK ZIP Code + 4 10018	a. Labor Organizat b. Trust c. Employer	non
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealin	ng.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value	e of such dealing.
State ZIP Code + 4	PARTICIPAN AT WHICH ENTRY FEE	OF INCOME RECEIVED. ING SPECIFOR— FOR MOSE OUTING GNY LECET DAIS — 2000S OF GOLF,
	12.b. Amount.	# 75.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state of the s
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	A CAR FROM SIGNAL PRINCIPLE AND AND A CAR FROM A PART OF THE AND A CAR FRO

Name of Person Filing SEAN BRENNAN	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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Name of Person Filing SEAN	BLENNAN	File Number U-	
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ADDENDA TO THE LM-30 FORM WHICH IS TO BE INCORPORATED AND MADE PART OF THE LM-30 FORM FILING OF

SEAN A. BRENNAN LABOR ORGANIZATION FILE NO. 026-302 SIGNED AND DATED AUGUST 11, 2005

ADDENDUM A [PAC]

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM B [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment, or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits.

ADDENDUM C [UNSOLICITED GIFTS - GOLF]

I recall that I received unsolicited items at a golf outing/tournament, such as a sleeve of balls, a golf club, or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receiving a receipt for any such item, nor knowledge as to the value of the item.

ADDENDUM D [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM E [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), or other labor organizations. My understanding of guidance received by the AFL-CIO from the US Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

August 11, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Sean A. Brennan, Labor Organization File No. 026-302

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Sean A. Brennan